

L11000076153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

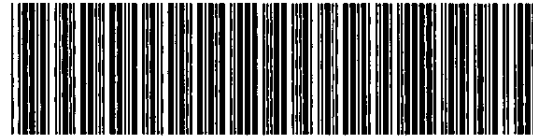
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/06/13--01023--005 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 FEB -6 AM 8:30

FILED

J. SAULSBERRY
EXAMINER
FEB 7 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wings of Care, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Willie T. Stephens III
(Name of Person)
Wings of Care, LLC
(Firm/Company)
1735 NW 42nd Avenue
(Address)
Gainesville, Florida 32605
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 FEB -6 AM 8:30

FILED

For further information concerning this matter, please call:

Erica P. Stephens at (386) 266-8522
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee
☒ \$30.00 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2013 FEB - 6 AM 8:30
CLERK OF CIRCUIT COURT
FALLS COUNTY, FLORIDA

1. The name of a limited liability company is

Wings of Care, LLC

2. The Articles of Organization were filed on June 29, 2011 and assigned document number

L11000076153

3. The date the dissolution was approved: 1/31/2013

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

We decided not to pursue licensure for this
business, and no activity to date was ever pursued
in this business.

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Willie T. Stephens III
Erica P. Stephens

Willie T. Stephens III
Erica P. Stephens